topic. Korean clinical trials were done on dyslipidemia(n=2) and diabetes(n=1). Significant adverse effects were null in clinical studies. Methodological quality of the studies were varied. Gastrointestinal, antidiabetic, and dermatologic uses were not mentioned in traditional literature or had very small numbers of citations. These uses are identified as potential areas for reinvestigation and reintroduction to Korean medical practice.

Conclusion: There is potential for different uses of Mori folium in Korean medicine in addition to the current clinical landscape. More clinical research from the Korean medical point of view is needed.

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P6.021

A Study on Acupoint SP3 in Saam Acupuncture Method

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Purpose: Saam acupuncture initiated by Saamdoin is traditional and originative method, which is characterized by applying the five phases theory and mother-child reinforcement-reduction principle to the selection of acupoints and needling manipulation. This study was aimed to summarize and assess the use of acupoint SP3 (Taebaek) in Saam acupuncture treatment and to further understand Saam acupuncture in an aspect of the combination of acupoints.

Methods: We searched the data based on <(Do Hae Kyo Kam) Sa-Ahm's acupuncture method> for SP3 used and acupoint combination including SP3. We carried out frequency analysis, network analysis, and cluster analysis for quantitative aspect. To understand clinical implication of SP3 with another acupoint, qualitative and descriptive methods were also performed.

Results: In our study, SP3 was frequently used for tonification of lung, spleen, heart, and kidney meridian and sedation of kidney, heart, and lung meridian. For this, many acupoints such as LU8, LU9, KI3, HT8, KI7, LU10 and LR1 were used with SP3. The combination of SP3 and other acupoints were used to treat stroke, common cold, and pain conditions including headache, low back pain, respiratory disease as well as gastroenteric troubles including stomachache, indigestion, vomiting, and constipation.

Conclusion: To further understand Saam acupuncture, an understanding of the five transport points based on five elements characters, pathological changes (deficiency and excess) of viscera and bowels, and concept of source point should be preceded.

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P6.022

Prediction of herb-drug interaction: the combination of Gumiganghwal-tang and montelukast for the treatment of asthma

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Purpose: With the increased use of herbal medicines, many patients frequently co-administrated with herbs and conventional drugs, without being aware of the potential of herb-drug interactions. In particular, herbal formulas have the possible to interact with various drugs because they are composed of multiple active herbs and components. In the previous study, we demonstrated that co-treatment of traditional herbal formula Gumiganghwal-tang (GMGHT) and montelukast reduced the eotaxin production, which more effective than respectively single treatment of them in IL-4 and TNF-α-stimulated human bronchial epithelial cells (Jeon et al.). Therefore, the present study was carried out to investigate the possible interactions between GMGHT and montelukast.

Methods: The influence of GMGHT on the activities of human cytochrome P450 (CYP450; CYP1A2, CYP2B6, CYP2C9, CYP2C19, CYP2D6, CYP2E1 and CYP3A4) and UDP-glucuronosyl transferase (UGT; UGT1A1 and UGT2B7), which are drug-metabolizing enzymes, were assessed using in vitro fluorescence- and luminescence-based assay, respectively.

Results: The previous studies demonstrated that CYP3A4 and CYP2C9 was responsible in part for the oxidative metabolism of montelukast. GMGHT strongly inhibited CYP1A2 (IC50 = 144.91 μg/mL), CYP2D6 (IC50 = 80.15 μg/mL) and CYP2E1 (IC50 = 105.99 μg/mL), whereas it relatively weak inhibited CYP2B6 (IC50 = 544.97 μg/mL), CYP2C19 (IC50 = 255.82 μg/mL), CYP3A4 (IC50 = 334.04 μg/mL), and UGT1A1 (IC50 = 470.55 μg/mL). On the other hand, GMGHT negligible inhibited on CYP2C9, with an IC50 value in excess of 1000 μg/mL, and it had no effect on UGT2B7.

Conclusion: These findings suggest that co-administration of GMGHT and montelukast may useful to ameliorate airway inflammatory response, as well as it is unlikely to cause clinically relevant herb-drug interactions. Furthermore, even with low doses of montelukast can be expected a good therapeutic effect when montelukast are used in combination with GMGHT.

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